

COUNTY OF SAN LUIS OBISPO ENVIRONMENTAL HEALTH SERVICES

FILTER PLANT DATA

1. System Name _____ System No. _____
2. Information provided by _____ Date _____

3. Year Operation Began:

4. Flow, How measured, Variations:

5. Filters:

Type:

Number:

Size:

Rate Controllers:

Rate of Filtration:

Loss of Head Gauges:

6. Pre-Treatment:

Aeration:

Plain Sedimentation (capacity):

Flocculation (capacity):

Coagulation-Sedimentation (capacity):

Chemicals used:

7. Post-Treatment:

Chemicals used:

8. Chlorine Contact (capacity in minutes):

9. Clear Well (capacity in gallons):

10. Laboratory Control:

11. Operators

12. Water:

From:

Sent to:

Wash Water:

What determines time or interval of backwashing ?

Source:

Drain to:

Percent used:

Rate of backwash:

13. Remarks:
